NAME OF PROVIDER OR SUPPLIER STARR REGIONAL HEALTH & REHABILITATO BS HWY 311 NORTH FOOWART STARR STATEMENT OF DEFICISIONES SUMMARY STATEMENT OF DEFICISIONES TAG SUMMARY STATEMENT OF DEFICISIONES TAG PREFIX TAG PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH COGRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE OATE OATE OATE OATE OATE OATE OATE O	AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING: 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED	
STARR REGIONAL HEALTH & REHABILITATIO STARR REGIONAL HEALTH & REHABILITATIO PAPER REGULATORY OR LSC DENTRY INC. INFORMATION) N1410 1200-8-614(2)(a)5 (ii) Disaster Preparedness (a) Physical Facility and Community Emergency Plans. (a) Physical Facility (internal Situations). 5. Each of the following disaster preparedness plans shall be conducted annually prior to the month listed in the plan. Drills are for the purpose of educating staff, resource determination, testing personnel safety provisions and community agencies. Records which document and evaluate these drills must be maintained for at least three (3) years. (ii) External disaster procedures plan (for tornado, flood, earthquake), to be exercised prior to March, shall include: (iii) Evacuation procedures. This Rule is not met as sevidenced by: Based on inferieve and record review, the facility falled to exercise an earthquake drill annually. The deficiency suffected 3 of 3 smoke compartments. The findings include: Interview and record review with the maintanance director, on 5/31/17 at 10:49 AM revasied the facility falled to exercise an earthquake drill annually. No documentation to either provided surpressions and/or follow up as needed.			TN5403	B. WING		05/31/2017	
STARR REGIONAL HEALTH & REHABILITATIO Description Summary Statement or percisences Summary Statement or percisences Present Recolutory or Respect Summary Statement or percisences Present Recolutory or Respect Recolutory Reco	NAME OF	PROVIDER OR SUPPLIER	STREET AD	DDESS CITY	STATE ZIP CODE	1 2010	,
PREFIX TAG REQULATORY OR LSC IDENTIFYING INFORMATION. TAG N1410 1200-8-0-14(2)(a)5.(ii) Disaster Preparedness (2) Physical Facility and Community Emergency Plans. (a) Physical Facility (Internal Situations). 5. Each of the following disaster preparedness plans shall be conducted annually prior to the month listed in the plan. Drills are for the purpose of educating staff, resource determination, testing personnel safety provisions and community agencies. Records which document and evaluate these drills must be maintained for at least three (3) years. (ii) External disaster procedures plan (for tornado, flood, earthquake), to be exercised prior to March, shall include: (i) Staff duties by department and job assignment; and, (ii) Evacuation procedures. This Rule is not met as evidenced by: Based on interview and record review, with the maintenance director, on 5/31/17 at 10:49 AM revealed the facility failed to exercise an earthquake will with the maintenance director, on 5/31/17 at 10:49 AM revealed the facility failed to exercise an earthquake director could be provided annually. No documentation could be provided annually.			REHABILITATIO 886 HWY	411 NORTH			
(2) Physical Facility and Community Emergency Plans. (a) Physical Facility (Internal Situations). 5. Each of the following disaster preparedness plans shall be conducted annually prior to the month listed in the plan. Drills are for the purpose of educating staff, resource determination, lesting personnel safety provisions and community agencies. Records which document and evaluate these drills must be maintained for at least three (3) years. (ii) External disaster procedures plan (for tormado, flood, earthquake), to be exercised prior to March, shall include: (ii) Extantial include: (iii) Evacuation procedures. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to exercise an earthquake drill annually. The deficiency affected 3 of 3 smoke compartments. (iii) Interview and record review with the maintenance director, on 5/31/17 at 10:49 AM revealed the facility failed to exercise an earthquake drill annually. Interview and record review with the maintenance director, on 5/31/17 at 10:49 AM revealed the facility failed to exercise an earthquake drill annually.	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		
vision of Health Care Facilities		(2) Physical Facility Plans. (a) Physical Facility Plans. (a) Physical Facility 5. Each of the follow plans shall be condument listed in the purpose of educatin determination, testing and communication community agencies and evaluate these at least three (3) year least line in three (3) year least least line in three least	r (internal Situations). wing disaster preparedness ucted annually prior to the plan. Drills are for the g staff, resource and personnel safety provisions is with other facilities and is. Records which document drills must be maintained for ars. It procedures plan (for aquake), to be exercised prior de: apartment and job sedures. It as evidenced by: and record review, the facility earthquake drill annually. Ited 3 of 3 smoke review with the maintenance at 10:49 AM revealed the cise an earthquake drill entation could be provided	N1410	accomplished for those reside to have been affected by the opractice? Director of Plant Operations so bomb threat and earthquake of 6/20/2017. Police Department EMA have been invited. 2. How will you identify other rehaving the potential to be affected by the same deficient practice and corrective action will be taken All residents have the potential affected by this deficient practice threat and earthquake drills with scheduled annually. 3. What measures will be put in what systematic changes will to ensure that the same type deficient practice does not receive threat and earthquake drill and the systematic to be generated threat and earthquake drill and the systematic to be generated threat and earthquake drill and the will the corrective action monitored to ensure the deficient practice will not recur; i.e. who assurance program will be intrinto the monthly QAPI meeting monitored for any changes and presented to the monthly Qual Assurance Performance Improving (Administrator, Director of Nur Medical Director) Committee x months for further suggestions	int found deficient cheduled a frill on and local sidents ected by d what if I to be loc. Bomb ill be place or you make of cur? k order a bomb nually. s(s) be lent at quality into oduced y and if y/ement sing, and 3	7-16-14

LABORATORY DIRECTOR'S OF PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING: 01		(X3) DATE SURVEY COMPLETED	
_		TN6403	B. WING	·	05/3	1/2017
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,			
STARR F	REGIONAL HEALTH 8	REHABILITATIO 886 HWY	411 NORTH TN 37331			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID . PREFIX TAG	PROVIDER'S FLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X6) COMPLETE DATE
N1410	Continued From page 1		N1410			
	deficiency was iden	lirector was present when the diffied and acknowledged by uring the exit conference on		What corrective action will be		
N1411	(2) Physical Facility Plans.	(iii) Disaster Preparedness y and Community Emergency	N1411	accomplished for those resider to have been affected by the d practice? Director of Plant Operations sol bomb threat and earthquake di 6/20/2017, Police Department EMA have been invited.	eficient neduled a rill on	a 7-16-17-
	5. Each of the follo plans shall be cond month listed in the purpose of educating determination, testing and communication community agencies and evaluate these at least three (3) yes	the following disaster preparedness be conducted annually prior to the lin the plan. Drills are for the educating staff, resource on, testing personnel safety provisions nications with other facilities and agencies. Records which document the these drills must be maintained for e (3) years. Threat Procedures Plan, to be any time during the year:		 How will you identify other reshaving the potential to be affer the same deficient practice and corrective action will be taken. All residents have the potential affected by this deficient practithreat and earthquake drills will scheduled annually. What measures will be put in powhat systematic changes will you deficient practice does not reconcern the preventative maintenance work 	te affected by tice and what taken? trential to be practice. Bomb rills will be out in place or s will you make type of tet work order	·
	(I) Staff duties by deassignment; and,	epartment and job earching the premises.		will be inputted to be generate threat and earthquake drill ann 4. How will the corrective actions monitored to ensure the defici practice will not recur; i.e. wha assurance program will be put place? Results of the audit will be intro into the monthly QAPI meeting monitored for any changes and	ually. (s) be ent t quality Into iduced and	·
	Based on record rev	view and interview, the facility comb threat drill annually.		presented to the monthly Quali Assurance Performance Improv (Administrator, Director of Nurs Medical Director) Committee x months for further suggestions follow up as needed.	ty ement ling, and 3	

Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING; 01 - MAIN BUILDING 01 COMPLETED TN5403 B. WING 05/31/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 886 HWY 411 NORTH STARR REGIONAL HEALTH & REHABILITATIO **ETOWAH, TN 37331** SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) N1411 Continued From page 2 N1411 The findings include: Record review and interview with the maintenance director, on 5/31/17 at 10:49 AM revealed the facility falled to exercise a bomb threat drill annually. No documentation could be provided notating the last exercised bomb threat drill. The maintenance director was present when the deficiency was identified and acknowledged by the administrator during the exit conference on 5/31/17.